

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Cochise</u>		BUREAU OF VITAL STATISTICS	
District of <u>Inspiration</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Inspiration</u>		State Index No. <u>125</u>	County Registrar No. <u>864</u>
or		Local Registrar No. _____	
City of _____		No. _____ St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Roberto Cardona</u>			
(If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>Male</u>			<u>Yes</u>
6. Date of birth		7. Date of birth	
<u>Nov. 2-1924</u>		<u>Nov. 2-1924</u>	
Month day year		Month day year	
8. FATHER		14. MOTHER	
Full name <u>Roman Cardona</u>		Full maiden name <u>Fernanda Lela</u>	
9. Residence (Usual place of abode) <u>Inspiration</u>		15. Residence (Usual place of abode) <u>Inspiration</u>	
If nonresident, give place and state <u>Ariz</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race	11. Age at last birthday	16. Color or race	17. Age at last birthday
<u>Mexican</u>	<u>35</u> (Years)	<u>Mexican</u>	<u>33</u> (Years)
12. Birthplace (city or place)	13. Birthplace (city or place)	18. Birthplace (city or place)	19. Birthplace (city or place)
<u>Mexico</u>	<u>Mexico</u>	<u>Mexico</u>	<u>Mexico</u>
(State or country)	(State or country)	(State or country)	(State or country)
13. Occupation	14. Occupation	15. Occupation	16. Occupation
Nature of industry <u>Miner</u>	Nature of industry <u>Housewife</u>	Nature of industry <u>Housewife</u>	Nature of industry <u>Housewife</u>
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>Yes</u>	
(a) Born alive and now living <u>6</u>		(b) Born alive but now dead <u>2</u>	
(c) Stillborn <u>none</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at <u>11 a.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from supplemental report		Signature _____	
		Address _____	
Month, day, year.		Filed <u>DEC 5</u> 19 <u>24</u>	
Registrar.		Local Registrar. <u>B. S. Smith</u>	
		County Registrar.	

931-1102-631